

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

PRINTING DATE

ATTORNEY/IN

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201								51					
2								52					
3								53					
4								54					
5								55					
6								56					
7								57					
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48								98					
49								99					
50								100					
TOTAL REQ.	201	2	3	4	5	6	7	8	9	10	11	12	13
TOTAL OPT.	201	2	3	4	5	6	7	8	9	10	11	12	13
TOTAL CLAIMS	201	2	3	4	5	6	7	8	9	10	11	12	13

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO.

FILING DATE

10/587678

WILBUR C. HARRIS

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													